

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

10/733426
APPLICANT(S)

12/10/13 1/2/10 CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | 1 | | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
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| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | 1 | | | | | |
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| 19 | | 1 | | | | |
| 20 | | | 1 | | 1 | |
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| TOTAL IND. | 5 | | 11 | | 6 | |
| TOTAL DEP. | | 14 | | 11 | | 6 |
| TOTAL CLAIMS | 19 | | 12 | | 10 | |

| | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |